

<i>SERFF Tracking Number:</i>	<i>MUTM-126706906</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Gerber Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46123</i>
<i>Company Tracking Number:</i>	<i>NEIL SANDHOEFNER</i>		
<i>TOI:</i>	<i>MS09 Medicare Supplement - Other 2010</i>	<i>Sub-TOI:</i>	<i>MS09.000 Medicare Supplement Other 2010</i>
<i>Product Name:</i>	<i>2010 Medicare Supplement Outline of Coverage - RP12.1.T03-AR 10-10</i>		
<i>Project Name/Number:</i>	<i>2010 Medicare Supplement Outline of Coverage /RP12.1.T03-AR 10-10</i>		

## Filing at a Glance

Company: Gerber Life Insurance Company	
Product Name: 2010 Medicare Supplement Outline of Coverage - RP12.1.T03-AR 10-10	SERFF Tr Num: MUTM-126706906 State: Arkansas
TOI: MS09 Medicare Supplement - Other 2010	SERFF Status: Closed-Approved- Closed State Tr Num: 46123
Sub-TOI: MS09.000 Medicare Supplement Other 2010	Co Tr Num: NEIL SANDHOEFNER State Status: Approved-Closed
Filing Type: Form	Reviewer(s): Stephanie Fowler Disposition Date: 07/16/2010
	Authors: Mary Cleasby, Jan Serafini, Neil Sandhoefner Date Submitted: 07/02/2010
	Disposition Status: Approved-Closed
Implementation Date Requested: On Approval	Implementation Date:
State Filing Description:	

## General Information

Project Name: 2010 Medicare Supplement Outline of Coverage	Status of Filing in Domicile:
Project Number: RP12.1.T03-AR 10-10	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 07/16/2010	Explanation for Other Group Market Type:
	State Status Changed: 07/16/2010
Deemer Date:	Created By: Mary Cleasby
Submitted By: Mary Cleasby	Corresponding Filing Tracking Number:
Filing Description:	
RE: Gerber Life Insurance Company	
NAIC # 4483-70939 FEIN 13-2611847	
Individual Medicare Supplement Insurance	
Outline of Coverage Form RP12.1.T03-AR 10-10	

Enclosed for your review is the above-captioned Medicare Supplement Outline of Coverage module form. This filing is

SERFF Tracking Number: MUTM-126706906 State: Arkansas  
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Company Tracking Number: NEIL SANDHOEFNER  
TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010  
Product Name: 2010 Medicare Supplement Outline of Coverage - RP12.1.T03-AR 10-10  
Project Name/Number: 2010 Medicare Supplement Outline of Coverage /RP12.1.T03-AR 10-10  
being made to comply with a change in the rates contained in the previously approved outline.

The only change made to this outline module is that we have updated the rates.

Rate page module RP12.1.T03-AR 10-10 will replace previously approved module RP12.1.T03-AR, approved by your Department on October 27, 2009.

Your consideration and approval of this filing will be most appreciated. If I may be of additional assistance as you complete your review, please do not hesitate to contact me. Thank you.

Sincerely,

Neil Sandhoefner  
Product and Advertising Compliance Analyst  
Regulatory Affairs  
Phone: 402-351-6969  
Fax: 402-351-5298  
E-mail: Neil.Sandhoefner@mutualofomaha.com

## Company and Contact

### Filing Contact Information

Neil Sandhoefner, Product & Advertising Compliance Analyst  
Mutual of Omaha 402-351-6969 [Phone]  
Mutual of Omaha Plaza 402-351-5298 [FAX]  
Omaha, NE 68175

### Filing Company Information

Gerber Life Insurance Company	CoCode: 70939	State of Domicile: New York
1311 Mamaroneck Avenue	Group Code: 4483	Company Type: Life & Health
White Plains, NY 10605	Group Name:	State ID Number:
(914) 272-4000 ext. [Phone]	FEIN Number: 13-2611847	

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00

SERFF Tracking Number: MUTM-126706906 State: Arkansas  
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TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010  
Product Name: 2010 Medicare Supplement Outline of Coverage - RP12.1.T03-AR 10-10  
Project Name/Number: 2010 Medicare Supplement Outline of Coverage /RP12.1.T03-AR 10-10  
Retaliatory? No  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Gerber Life Insurance Company	\$50.00	07/02/2010	37727476

*SERFF Tracking Number:*      *MUTM-126706906*      *State:*      *Arkansas*  
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*Company Tracking Number:*      *NEIL SANDHOEFNER*  
*TOI:*      *MS09 Medicare Supplement - Other 2010*      *Sub-TOI:*      *MS09.000 Medicare Supplement Other 2010*  
*Product Name:*      *2010 Medicare Supplement Outline of Coverage - RP12.1.T03-AR 10-10*  
*Project Name/Number:*      *2010 Medicare Supplement Outline of Coverage /RP12.1.T03-AR 10-10*

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved-Closed	Stephanie Fowler	07/16/2010	07/16/2010

<i>SERFF Tracking Number:</i>	<i>MUTM-126706906</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Gerber Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46123</i>
<i>Company Tracking Number:</i>	<i>NEIL SANDHOEFNER</i>		
<i>TOI:</i>	<i>MS09 Medicare Supplement - Other 2010</i>	<i>Sub-TOI:</i>	<i>MS09.000 Medicare Supplement Other 2010</i>
<i>Product Name:</i>	<i>2010 Medicare Supplement Outline of Coverage - RP12.1.T03-AR 10-10</i>		
<i>Project Name/Number:</i>	<i>2010 Medicare Supplement Outline of Coverage /RP12.1.T03-AR 10-10</i>		

## Disposition

Disposition Date: 07/16/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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<i>Filing Company:</i>	<i>Gerber Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>46123</i>
<i>Company Tracking Number:</i>	<i>NEIL SANDHOEFNER</i>		
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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Accepted for Informational Purposes	Yes
<b>Supporting Document</b>	Application		Yes
<b>Supporting Document</b>	Health - Actuarial Justification		Yes
<b>Supporting Document</b>	Outline of Coverage		Yes
<b>Form</b>	Outline of Coverage	Approved	Yes

SERFF Tracking Number: MUTM-126706906 State: Arkansas

Filing Company: Gerber Life Insurance Company State Tracking Number: 46123

Company Tracking Number: NEIL SANDHOEFNER

TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010

Product Name: 2010 Medicare Supplement Outline of Coverage - RP12.1.T03-AR 10-10

Project Name/Number: 2010 Medicare Supplement Outline of Coverage /RP12.1.T03-AR 10-10

## Form Schedule

### Lead Form Number: RP12.1.T03-AR 10-10

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved 07/16/2010	RP12.1.T03-AR 10-10	Outline of Coverage	Outline of Coverage	Initial			RP12.1.T03-AR 10-10.pdf

**ZIP CODES: 716-719, 723-729**

**NON-TOBACCO MONTHLY RATES (BANK SERVICE PLAN)**

Policy Form MTG20 (Plan A)		Policy Form MTG24 (Plan F)		Policy Form MTG25 (Plan G)	
Attained Age 65 & Over	\$ 93.79	Attained Age 65 & Over	\$ 133.01	Attained Age 65 & Over	\$ 113.52

**NON-TOBACCO QUARTERLY RATES**

Policy Form MTG20 (Plan A)		Policy Form MTG24 (Plan F)		Policy Form MTG25 (Plan G)	
Attained Age 65 & Over	\$ 281.36	Attained Age 65 & Over	\$ 399.02	Attained Age 65 & Over	\$ 340.55

**NON-TOBACCO SEMIANNUAL RATES**

Policy Form MTG20 (Plan A)		Policy Form MTG24 (Plan F)		Policy Form MTG25 (Plan G)	
Attained Age 65 & Over	\$ 562.72	Attained Age 65 & Over	\$ 798.04	Attained Age 65 & Over	\$ 681.11

**NON-TOBACCO ANNUAL RATES**

Policy Form MTG20 (Plan A)		Policy Form MTG24 (Plan F)		Policy Form MTG25 (Plan G)	
Attained Age 65 & Over	\$ 1,125.43	Attained Age 65 & Over	\$ 1,596.07	Attained Age 65 & Over	\$ 1,362.21



**ZIP CODES: 716-719, 723-729**

**TOBACCO MONTHLY RATES (BANK SERVICE PLAN)**

Policy Form MTG20 (Plan A)		Policy Form MTG24 (Plan F)		Policy Form MTG25 (Plan G)	
<b>Attained Age 65 &amp; Over</b>	\$ 107.80	<b>Attained Age 65 &amp; Over</b>	\$ 152.88	<b>Attained Age 65 &amp; Over</b>	\$ 130.48

**TOBACCO QUARTERLY RATES**

Policy Form MTG20 (Plan A)		Policy Form MTG24 (Plan F)		Policy Form MTG25 (Plan G)	
<b>Attained Age 65 &amp; Over</b>	\$ 323.40	<b>Attained Age 65 &amp; Over</b>	\$ 458.64	<b>Attained Age 65 &amp; Over</b>	\$ 391.44

**TOBACCO SEMIANNUAL RATES**

Policy Form MTG20 (Plan A)		Policy Form MTG24 (Plan F)		Policy Form MTG25 (Plan G)	
<b>Attained Age 65 &amp; Over</b>	\$ 646.80	<b>Attained Age 65 &amp; Over</b>	\$ 917.28	<b>Attained Age 65 &amp; Over</b>	\$ 782.88

**TOBACCO ANNUAL RATES**

Policy Form MTG20 (Plan A)		Policy Form MTG24 (Plan F)		Policy Form MTG25 (Plan G)	
<b>Attained Age 65 &amp; Over</b>	\$ 1,293.60	<b>Attained Age 65 &amp; Over</b>	\$ 1,834.56	<b>Attained Age 65 &amp; Over</b>	\$ 1,565.76

**ZIP CODES: 72001, 72003-007, 72010-048, 72051-052, 72055, 72057-061, 72063-064, 72066-075, 72079-089, 72101-102, 72104-108, 72110-112, 72121-123, 72125-134, 72136-137, 72139-141, 72143, 72145, 72149-150, 72152-153, 72156-158, 72160, 72165-170, 72173, 72175-176, 172178-179, 72181-182, 72189**

**NON-TOBACCO MONTHLY RATES (BANK SERVICE PLAN)**

<b>Policy Form MTG20 (Plan A)</b>		<b>Policy Form MTG24 (Plan F)</b>		<b>Policy Form MTG25 (Plan G)</b>	
<b>Attained Age 65 &amp; Over</b>	\$ 105.04	<b>Attained Age 65 &amp; Over</b>	\$ 148.97	<b>Attained Age 65 &amp; Over</b>	\$ 127.14

**NON-TOBACCO QUARTERLY RATES**

<b>Policy Form MTG20 (Plan A)</b>		<b>Policy Form MTG24 (Plan F)</b>		<b>Policy Form MTG25 (Plan G)</b>	
<b>Attained Age 65 &amp; Over</b>	\$ 315.12	<b>Attained Age 65 &amp; Over</b>	\$ 446.90	<b>Attained Age 65 &amp; Over</b>	\$ 381.42

**NON-TOBACCO SEMIANNUAL RATES**

<b>Policy Form MTG20 (Plan A)</b>		<b>Policy Form MTG24 (Plan F)</b>		<b>Policy Form MTG25 (Plan G)</b>	
<b>Attained Age 65 &amp; Over</b>	\$ 630.24	<b>Attained Age 65 &amp; Over</b>	\$ 893.80	<b>Attained Age 65 &amp; Over</b>	\$ 762.84

**NON-TOBACCO ANNUAL RATES**

<b>Policy Form MTG20 (Plan A)</b>		<b>Policy Form MTG24 (Plan F)</b>		<b>Policy Form MTG25 (Plan G)</b>	
<b>Attained Age 65 &amp; Over</b>	\$ 1,260.48	<b>Attained Age 65 &amp; Over</b>	\$ 1,787.60	<b>Attained Age 65 &amp; Over</b>	\$ 1,525.68

**ZIP CODES: 72001, 72003-007, 72010-048, 72051-052, 72055, 72057-061, 72063-064, 72066-075, 72079-089, 72101-102, 72104-108, 72110-112, 72121-123, 72125-134, 72136-137, 72139-141, 72143, 72145, 72149-150, 72152-153, 72156-158, 72160, 72165-170, 72173, 72175-176, 72178-179, 72181-182, 72189**

**TOBACCO MONTHLY RATES (BANK SERVICE PLAN)**

<b>Policy Form MTG20 (Plan A)</b>		<b>Policy Form MTG24 (Plan F)</b>		<b>Policy Form MTG25 (Plan G)</b>	
<b>Attained Age 65 &amp; Over</b>	\$ 120.74	<b>Attained Age 65 &amp; Over</b>	\$ 171.23	<b>Attained Age 65 &amp; Over</b>	\$ 146.14

**TOBACCO QUARTERLY RATES**

<b>Policy Form MTG20 (Plan A)</b>		<b>Policy Form MTG24 (Plan F)</b>		<b>Policy Form MTG25 (Plan G)</b>	
<b>Attained Age 65 &amp; Over</b>	\$ 362.21	<b>Attained Age 65 &amp; Over</b>	\$ 513.68	<b>Attained Age 65 &amp; Over</b>	\$ 438.41

**TOBACCO SEMIANNUAL RATES**

<b>Policy Form MTG20 (Plan A)</b>		<b>Policy Form MTG24 (Plan F)</b>		<b>Policy Form MTG25 (Plan G)</b>	
<b>Attained Age 65 &amp; Over</b>	\$ 724.42	<b>Attained Age 65 &amp; Over</b>	\$ 1,027.36	<b>Attained Age 65 &amp; Over</b>	\$ 876.83

**TOBACCO ANNUAL RATES**

<b>Policy Form MTG20 (Plan A)</b>		<b>Policy Form MTG24 (Plan F)</b>		<b>Policy Form MTG25 (Plan G)</b>	
<b>Attained Age 65 &amp; Over</b>	\$ 1,448.83	<b>Attained Age 65 &amp; Over</b>	\$ 2,054.71	<b>Attained Age 65 &amp; Over</b>	\$ 1,753.65

**ZIP CODES: 72002, 72053, 72065, 72076, 72078, 72099, 72103, 72113-120, 72124, 72135, 72142, 72164, 72180, 72183, 72190, 72198-199, 722**

**NON-TOBACCO MONTHLY RATES (BANK SERVICE PLAN)**

Policy Form MTG20 (Plan A)		Policy Form MTG24 (Plan F)		Policy Form MTG25 (Plan G)	
Attained Age 65 & Over	\$ 115.36	Attained Age 65 & Over	\$ 163.60	Attained Age 65 & Over	\$ 139.63

**NON-TOBACCO QUARTERLY RATES**

Policy Form MTG20 (Plan A)		Policy Form MTG24 (Plan F)		Policy Form MTG25 (Plan G)	
Attained Age 65 & Over	\$ 346.07	Attained Age 65 & Over	\$ 490.79	Attained Age 65 & Over	\$ 418.88

**NON-TOBACCO SEMIANNUAL RATES**

Policy Form MTG20 (Plan A)		Policy Form MTG24 (Plan F)		Policy Form MTG25 (Plan G)	
Attained Age 65 & Over	\$ 692.14	Attained Age 65 & Over	\$ 981.58	Attained Age 65 & Over	\$ 837.76

**NON-TOBACCO ANNUAL RATES**

Policy Form MTG20 (Plan A)		Policy Form MTG24 (Plan F)		Policy Form MTG25 (Plan G)	
Attained Age 65 & Over	\$ 1,384.28	Attained Age 65 & Over	\$ 1,963.16	Attained Age 65 & Over	\$ 1,675.52

**ZIP CODES: 72002, 72053, 72065, 72076, 72078, 72099, 72103, 72113-120, 72124, 72135, 72142, 72164, 72180, 72183, 72190, 72198-199, 722**

**TOBACCO MONTHLY RATES (BANK SERVICE PLAN)**

Policy Form MTG20 (Plan A)		Policy Form MTG24 (Plan F)		Policy Form MTG25 (Plan G)	
Attained Age 65 & Over	\$ 132.59	Attained Age 65 & Over	\$ 188.04	Attained Age 65 & Over	\$ 160.49

**TOBACCO QUARTERLY RATES**

Policy Form MTG20 (Plan A)		Policy Form MTG24 (Plan F)		Policy Form MTG25 (Plan G)	
Attained Age 65 & Over	\$ 397.78	Attained Age 65 & Over	\$ 564.13	Attained Age 65 & Over	\$ 481.47

**TOBACCO SEMIANNUAL RATES**

Policy Form MTG20 (Plan A)		Policy Form MTG24 (Plan F)		Policy Form MTG25 (Plan G)	
Attained Age 65 & Over	\$ 795.57	Attained Age 65 & Over	\$ 1,128.26	Attained Age 65 & Over	\$ 962.94

**TOBACCO ANNUAL RATES**

Policy Form MTG20 (Plan A)		Policy Form MTG24 (Plan F)		Policy Form MTG25 (Plan G)	
Attained Age 65 & Over	\$ 1,591.13	Attained Age 65 & Over	\$ 2,256.51	Attained Age 65 & Over	\$ 1,925.88

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 Product Name: 2010 Medicare Supplement Outline of Coverage - RP12.1.T03-AR 10-10  
 Project Name/Number: 2010 Medicare Supplement Outline of Coverage /RP12.1.T03-AR 10-10

## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification	Accepted for Informational Purposes	07/16/2010
<b>Comments:</b>		
<b>Attachment:</b> AR Read Cert.pdf		

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Application		
<b>Bypass Reason:</b> Not applicable for this Medicare Supplement Outline of Coverage filing.		
<b>Comments:</b>		

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Health - Actuarial Justification		
<b>Bypass Reason:</b> Not applicable for this Medicare Supplement Outline of Coverage filing.		
<b>Comments:</b>		

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Outline of Coverage		
<b>Bypass Reason:</b> See the Form Schedule tab for this outline of coverage.		
<b>Comments:</b>		

**CERTIFICATION**

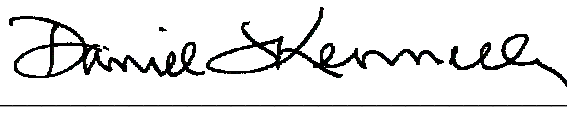
This is to certify that the attached form(s) has/have achieved the following Flesch Reading Ease Score(s) and complies/comply with the requirements of Ark. Stat. §§66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

<u>Form</u>	<u>Description</u>	<u>Score</u>
RP12.1.T03-AR 10-10	Outline of Coverage Rate Page	N/A

Gerber Life Insurance Company

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Date: 07/02/2010



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Daniel J. Kennelly  
Vice President & Chief Compliance Officer  
Mutual of Omaha Insurance Company as  
Administrator for Gerber Life Insurance Company